

MAR 06 2006

LAITRAM, L.L.C.**LEGAL DEPARTMENT**

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FACSIMILE COVER SHEET


DATE: March 6, 2006 TIME: _____
TO: Mail Stop Amendment / Commissioner for Patents YOUR REF: 10/709,328
FROM: James T. Cronvich OUR REF: 2230.0
BY: James T. Cronvich FAX: 571-273-8300
TOTAL # OF PAGES (INCLUDING THIS PAGE) : 7

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MESSAGE:

Contents:

1. Transmittal Form with Certificate of Fax Transmission
2. Response (3 pages)
3. Petition for Extension of Time (original + duplicate)


James T. Cronvich
Reg. 33163

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Subsidiaries:

LAITRAM MACHINERY, INC.

Food Processing Machinery

INTRALOX, INC.

Plastic Conveyor Belts

LAPEYRE STAIR, INC.

Space-Saving Stairs

LAITRAM MACHINE SHOP, L.L.C.

Precision-Machined Components

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PTO/SB/21 (09-04)

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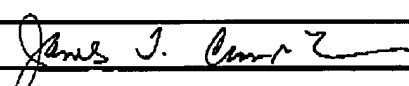
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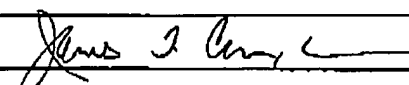
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	107709,328	
	Filing Date	04/28/2004	
	First Named Inventor	GUERNSEY	
	Art Unit	3651	
	Examiner Name	BIDWELL, J.	
Total Number of Pages in This Submission	6	Attorney Docket Number	2230.0

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	James T. Cronvich		
Date	March 6, 2006	Reg. No.	33163

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Signature			
Typed or printed name	James T. Cronvich	Date	March 6, 2006

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